

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029762

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8102

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 15 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

HOSPITAL OR
INSTITUTION

ST. LOUIS CITY HOSP. #1

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

admission)

c. CITY

OR

TOWN

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE

OF

DEATH

Month

Day

Year

MARGARET

CALLAHAN

AUG.

8

63

5. SEX

6. COLOR OR RACE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

FEMALE

WHITE

SEPT 30 1875

87

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

during most of working life, even if retired)

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

FRED HOLTGREIFE

MARGARET HEIL

DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

(Yes, no, or unknown) (If yes, give war or dates of service)

no

GENEVIEVE CALLAHAN CLAXTON

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

multiple pulmonary emboli

INTERVAL BETWEEN

ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

465X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

PART III. If deceased was female was

there a pregnancy in last 90 days.

1) Parkinson's Disease. 2) Paralytic erythema

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

PERFORMED?

YES ☒ NO ☐

☐

☐

☐

20c. TIME OF

INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21. I attended the deceased from

5/27/63

to 8/8/63

and last saw her alive on 8/8/63

Death occurred at

1:00 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Richard L. Philli M.D.

1515 LAFAYETTE AVE.

8/8/63

23a. BURIAL, CREMATION,

REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

8/10/1963

CALVARY CEMETERY

ST. LOUIS MO

24. FUNERAL DIRECTOR

ADDRESS

4744

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bromschwig Son W Florissant

AUG 9 1963

Roan Smith M.D.

PHILLIS
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 207

3

4 1

5 2

6

7 0

8 1

9

10

11

12 75-0

13

75

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. W. Binkley

Licensed Embalmer No.

3653

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.